

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914818

FILING DATE

APPLICANT(S)

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13		/				
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		19				
TOTAL CLAIMS		22				

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831